

FEB 1 4 2003

PATENT ATTORNEY DOCKET NO. 04163-00120

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re	Applica	ntion of:)							
	R. Er	ic Mon	tgomery)	Examiner: Shep K. Rose						
Seria	No.:	10/03	39,935)))	Art Unit: 1614						
Filed		Nove	mber 1, 2001)							
Title:	TOO	TH BL	EACHING COMPOSITIONS)							
Assistant Commissioner for Patents Washington, D.C. 20231											
`	TRANSMITTAL LETTER										
Sir:											
In regard to the above identified application, we are transmitting herewith the attached:											
	1.	Amendment and Response to Office Action,									
	2. Petition for Two-Month Extension of Time, and										
	3. Return postcard.										
	With respect to additional fees,:										
		A.	No additional fee is required.								
		B.	An additional fee is required and	d has beer	n calculated as shown below:						

USSN 10/039,935 Express Mail Receipt No. EV 159076832 US 1 of 2

CLAIMS AS A	MENDED						
(1)	(2) Claims Remaining After Amendment	(3)	(4) Highest No. Previously Paid For	(5) Present Extra	(6) Rate	(7) Additional Fee	
Total Claims	29	Minus	25	4	X \$18	= \$72.00	
Indep. Claims	2	Minus	6	0	X \$84	= \$0.00	
			Total Additiona	ıl Claims Fees		\$72.00	
Petition/Reques	for Extension of	Time	_2_ months		\$410.00		
			Total Additional	l Fees for this	_	\$482.00	

^{*} If the entry in Column 2 is less than the entry in Column 4, write "0" in Column 5.

	C.	Attached is a check in the amount of \$
X	D.	The Commissioner is hereby authorized to charge the total additional fee \$\frac{482.00}{2}\$ to our Deposit Account No. 19-0733. A duplicate copy of this sheet is enclosed.
	E.	The Commissioner is hereby authorized to charge the Petition fee of \$ to Deposit Account No. 19-0733.

The Commissioner is hereby authorized to charge any additional fees or credit overpayment to Deposit Account No. 19-0733.

Respectfully submitted,

Dated: February 10, 2003

John R. Iwanicki, Reg. No. 34,628 BANNER & WITCOFF, LTD.

28 State Street, 28th Floor

Boston, MA 02109

(617) 227-7111

^{**} If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.

^{***} Each multiple dependent claim should be counted as the number of claims from which it depends.